

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/20/2013
FORM APPROVED
OMB NO 0938-0391

452 2101/14

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445388	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/17/2013
NAME OF PROVIDER OR SUPPLIER GENERATIONS CENTER OF SPENCER			STREET ADDRESS, CITY, STATE, ZIP CODE 87 GENERATIONS DRIVE SPENCER, TN 38585	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 062 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>This STANDARD is not met as evidenced by: Based on records review, it was determined the facility failed to conduct the required inspections on the sprinkler system.</p> <p>The finding included:</p> <p>Records review on 12/17/13 at 12:21 PM revealed the five year internal obstruction investigation had not been conducted.</p> <p>This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on 12/17/13.</p>	K 062	<p>K 062-The five year internal obstruction inspection was completed on 12-19-2013. (See attachment A) The automatic sprinkler maintenance manual was updated to include a notation of five year internal obstruction inspection and the maintenance director was in-serviced on the notation, intervals due, and filing of reports on 12-19-13 by administrator. Administrator will conduct quarterly audits of maintenance logs of sprinkler system to ensure compliance with inspections.</p>	12-19-2013
K 069 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96</p> <p>This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to protect the cooking facilities.</p> <p>The finding included:</p> <p>Observation in the kitchen on 12/17/13 at 11:58 AM revealed there was no "K" type fire extinguisher present.</p>	K 069	<p>K 069-The type "K" fire extinguisher was placed in the kitchen on 01-02-2014 by maintenance director and McMinnville Fire Extinguisher Sales & Service Representative (See attachment B). A statement was added and hung above extinguisher in kitchen to remind staff the type "K" extinguisher must be present in cooking facilities. The maintenance director and maintenance staff were in-serviced on 12-19-13 of the need to have a type "K" extinguisher in cooking facilities. The safety officer/ dietary manager will conduct weekly rounds to ensure sign remains in place. The rounds will be documented and information conveyed to quality assurance committee monthly for the next 3 months to ensure placement and educate staff.</p>	01-02-2014

LABORATORY DIRECTOR OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature] Administrator 1/2/14

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 069	Continued From page 1	K 069			
K 147 SS=D	<p>This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on 12/17/13.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the electrical system.</p> <p>The finding included:</p> <p>Observation in the Quality Assurance office on 12/17/13 at 11:37 AM revealed back to back power strips.</p> <p>This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on 12/17/13.</p>	K 147	<p>Back to back power strips located in quality assurance office was removed on 12-18-13. A longer power strip was placed on 12-31-13 by maintenance director. The maintenance director checked all other offices and electrical systems on 12-18-13 to ensure there was no further back to back power strips. The maintenance director will complete a building inspection weekly to include verification of no back to back power strips. The inspection results will be documented and reported to the safety officer monthly.</p>	12-31-2013	

Administrator

1/2/14

JAN 06 2014